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Dabiturque licentia sumpta pudenter.
Horace.

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I.

THE MEDICAL INQUIRER, N° I.

On the employment of Purgative Medicines in Pleurisy and other Thoracic Inflammations.

It is well known that the administration of purgatives has been pronounced by some of the most eminent writers on the theory and practice of medicine, not only to be not beneficial, but even positively injurious in all inflammations of the viscera of the chest. Of these writers, some do indeed forbid their use in the second stage only of these diseases, or when expectoration is already freely established; but there are not wanting others who condemn their employment altogether, throughout every stage of pulmonary inflammation. As my own experience has led me to form different and far more favourable views of the powers of this class of medicines in subduing inflammation of the lungs and its membranes, I have been induced to enter into a critical examination of the arguments upon which their indiscriminate denunciation was founded; and also to inquire, whether there is not sufficient authority

to be found in their favour to counterbalance the influence of the writers to whom I have alluded. The result is not uninteresting, and I proceed to offer it without further preface.

Cullen, with his usual moderation, observes in the 370th section of his first lines: "Some practitioners have doubted if purgatives can be safely employed in this disease; and, indeed, a spontaneous diarrhœa, occurring in the beginning of the disease, has seldom proved useful; but I have found the moderate use of cooling laxatives generally safe, and have always found it useful to keep the belly open by frequent emollient glysters."* And again, in section 381, in speaking of peripneumonia notha: "Purging may indeed be useful; but as it is seldom so in pneumonic affections, nothing but gentle laxatives are here necessary." It will appear from these extracts, that Cullen, although not inclined to use purges in pneumonic affections, does not, in this place, adduce any important objection against their use; excepting indeed, we admit, that the supposed injury, from the occurrence of a spontaneous diarrhœa in the beginning of these affections, constitutes one. I say, *supposed*, because it is by no means an established fact, that injury does arise from such an occurrence. Not to mention other instances, Cleghorn relates, in his account of the pleurisies which prevailed at Minorca, that diarrhœas, though not generally *critical*, did prove beneficial.†—Storck, in his Præcepta Medico-Practica, expressly tells us, that pleurisy is very often cured by the occurrence of a spontaneous diarrhœa, or enuresis, without the aid of expectoration. "Nonnunquam pauca tantum in quantitate sputa prodeunt, sed diarrhœa simul mitis, mucosa, biliosa et male olens supervenit, aut multa excernitur urina, quæ copiosum sedimentum puriforme deponit, unde morbus *non raro* sine multis sputis *perfecte* sanatur."‡

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* Cullen's First Lines of the Practice of Physic, Vol. I. pp. 136 and 141.

† Cleghorn on the Diseases of Minorca.

‡ Anton. L. Baron de Storck, Præcepta Med-Practica, etc. tom. I. p. 111. (1777.)

In his Materia Medica, however, Cullen assigns, as a reason for purging not being so useful in the inflammatory diseases of the lungs, the emptying of the system of the descending aorta, which prevents any considerable derivation being made from the bronchial arteries, in the extremities of which the inflammations of the lungs are seated.* There seems to be little plausibility in this objection. Allowing that derivation from the bronchial arteries is prevented, how is this done? By instituting a more powerful derivation in a distant part, by which the affected organ, viz. the lungs, must inevitably be relieved, both directly and indirectly: directly, by the abstraction of a large quantity of fluid, previously invited to it by the presence of an irritating cause; and indirectly, by the lowered tone of the general system induced by the very evacuation from the descending aorta, through the agency of purgatives. It will afterwards be made to appear, that this view is amply confirmed by the practice and authority of no inconsiderable names in medicine.

Thomas, who, in his compilation of medical farragoes, attempts to follow Cullen as his guide, asserts, that purgatives are improper remedies in these diseases, because "they are found to determine the flow of blood to the internal parts!"† It would be difficult, I conceive, for the most profound and acute reasoner in medicine to solve the difficulties involved in this explanation. I shall, therefore, let it alone, and pass over to the consideration of the objections offered by more intelligible writers. I should not, in fact, have noticed this author, had it not been that his book of extracts has received such extensive encouragement in this country.

Armstrong, whose practical illustration of diseases will remain as ever-during monuments of his medical skill and theoretical knowledge, condemns the use of purgatives in pneumo-

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* A Treatise on the Materia Medica, by William Cullen, M. D. Vol. II. page 282.

† Thomas' Practice of Physic, edited by Dr. Hosack, M. D. &c. page 152. (1817.)

nic inflammations in the following words: "As copious and frequent purging has a tendency to diminish expectoration, it should hardly ever be enforced in thoracic inflammations, but more especially when the mucous membrace of the bronchia is the seat of the inflammation; because very copious purging then not only checks expectoration, but it most frequently prevents a perspirable state of the skin, which is always most desirable in affections of the bronchia."* He adds, however, that the bowels should be moderately moved, &c.

Before noticing the objections of Armstrong, which comprise all that can be said against the employment of purgatives in thoracic inflammations, it may be proper to observe, that several writers in this country have concurred with the physicians already mentioned in denouncing purgatives. Most of them, as Thacher,† have been satisfied with barely recording their vote in the negative, without assigning any reason whatever for their choice; and even the ingenious Chapman has no more to offer than what is couched in the following extract: "It is a very curious fact, but one fully confirmed by experience, that urged to any extent, evacuations from the bowels are found, in the complaints of the lungs, always mischievous, and in some cases so injurious as to be wholly inadmissible. Even in pleurisy, we cannot purge with the same freedom as in other cases of acute inflammation."‡ It is unnecessary to make any other comment on this *curious* passage, except to observe, that experience, so far from confirming this fact, actually contradicts it, as will be presently shown.

To return, then, to Armstrong. His objections may be reduced to the two following heads: Purgatives are hurtful, first, because they diminish expectoration; and secondly, because they prevent perspiration, which is so desirable in pulmonary

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* Practical Illustrations of Typhus Fever, &c. by John Armstrong—from the last London edition, with Notes by an American Physician, p. 132, N. York. 1824.

† Thacher's Modern Practice of Physic, p. 420.

‡ Elements of Therapeutics and Meteria Medica, by N. Chapman, 2d edition, Vol. I. p. 183.

affections. With respect to the first objection, if it were intended to apply to the impropriety of administering purgatives in the second stage only of these diseases, it would be allowed on all hands to be not without considerable weight. But if it is meant to extend to the early stages likewise, it is assuredly unfounded and based on an erroneous view of the nature of these diseases. It goes entirely upon the supposition, or rather the assumption, that expectoration is indispensable to the cure of thoracic inflammation. Now that this is by no means the case, can be as clearly demonstrated as any the most undisputed fact in medicine. Cases have repeatedly come under my observation, in which plentiful bleeding, at the very onset of an attack of pulmonary inflammation, followed forthwith by the most active purging, have, in three days, brought about an entire solution of the disease. It is only within a few days that a case of this kind fell under my notice, in which, after depletion, the most active cathartics were repeated, and with the happiest effect, no expectoration having been present throughout the disease. I have also seen cases in which, owing to the debility of the patient, bleeding was thought inexpedient, and purging altogether relied on for the evacuant effect necessary to subdue the inflammation; nor was there any inconvenience felt as a consequence of this course of proceeding. It is not thought proper to relate particular cases, as the history of the disease is too familiar not to render detail superfluous.

The correctness of this view, relating to expectoration, is by no means without support. Sydenham, after laying down his method of cure in pleurisy, adds with his usual simplicity and vigour, "If it be said here, that our method is defective because we are so far from treating amply of the means of promoting expectoration in the different stages of the disease, that we scarce mentioned them; we reply, that this has not been omitted through negligence, but purposely after mature consideration, as having always thought those to be in great danger who trusted the cure of this disease to expectoration. For not to mention the tediousness of this method, by which

nature endeavours to expel the morbific matter, it is likewise unsafe; for it often happens, that part of the matter being concocted, and perhaps expectorated, the remainder continues yet crude, and this successively: the most powerfully expectorating medicines having been ineffectually used."* He afterwards adds, very pertinently, that whereas expectoration is not under his control, bleeding on the other hand brings "the morbific matter" under his own management, "and the orifice of the opened vein may be made to supply the function of the windpipe."

Johnson, when treating of Pneumonia in his very interesting work on the atmosphere, &c. recommends a diminution of the circulating mass of fluids; first, by bleeding from a large orifice, &c.; and "secondly, by purgations, which by acting on the intestinal canal, abstract from the general circulation a very considerable portion of fluid, besides clearing the bowels, and thereby allowing a freer course to the blood through the great vessels, distributed to the various abdominal viscera, as well as to the lower extremities."† Who will hesitate to adopt this view of the action of purgatives, in preference to the unsatisfactory and almost unintelligible one, which we have seen advanced by Cullen? As Johnson justly observes, in the same paragraph from which the above sentence is extracted, "it seems to be the aim of practitioners rather to moderate than to subdue the inflammatory actions when they rely on the natural process of expectoration for the completion of the cure."

From what has now been offered, I think it must appear evident that the objection to the use of purgatives in pulmonary inflammation, because they prevent expectoration, or diminish the extent, is altogether untenable. It has been observed, that a cure may be effected without the aid of this

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* Rush's Sydenham, page 222.

† On the Atmosphere, &c. embracing Practical Observations on Derangements of the Liver, Internal Organs, &c.—by James Johnson, M. D. page 19.

natural process, and it becomes then equally clear that wherever this can be prevented or obviated, it should be done. Purgatives are then no more objectionable in this genus of the phlegmasiæ, than in any other; and if they are at any time improper, it is in the secondary stages, when expectoration has been permitted to take place. Then it would indeed be highly improper to administer them freely, and on the same principles which forbid their employment in similar stages of other inflammatory affections.

We have still to consider another objection advanced by Armstrong, viz.—that purgatives prevent a perspirable state of the skin, which is so desirable an object in pneumonic inflammations. This objection we do not consider more fortunate than the first. That perspiration is desirable in these affections, we do not deny; but we must contend, that if relief can be obtained by any other more powerful derivation of fluids from the system at large, and from the particular organs affected, this last should unhesitatingly be preferred. Now that purgatives have this claim to preference, we believe there is none to dispute. So far we admit that perspiration is necessarily prevented by purgation; but is this indeed the case? Let us examine Dr. Armstrong's writings for an answer. "The full operation of aperients sometimes reduces the morbid heat of the skin, and the morbid force of the pulse, almost as effectually as the effusion of cold water or venesection; consequences which surely indicate that their action extends further than the mere removal of mere fecal matter from the intestinal canal."* Dr. Armstrong will scarcely deny that calomel and the neutral salts, besides their purgative effects, produce a salutary effect on the skin, inducing diaphoresis most generally during their operation on the bowels, by means of what Johnson denominates the cutaneo-intestinal sympathy. This sympathy may be daily observed in health, and in disease it is too frequently obtruded on our notice to escape the most ordinary attention. At the same

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* Armstrong on Typhus, p. 93.

time it will not be denied, that under particular conditions of the system, as where the balance between the ordinary functions of various important organs is destroyed or interrupted, these sympathies may not exert their usual play. And also where purgation is carried to an extreme, diaphoresis may in some instances be checked, but this is not an invariable effect. The debility induced by profuse evacuations more frequently produces a relaxation of the skin, simultaneously with that of the liver, &c. This relaxation may not be made evident at once, nay, a contrary effect may at times seem to result, but it will in general be found to be transient, and to give way sooner or later to the effect first mentioned. It is, therefore, not established by any means that all purgatives prevent perspiration from taking place; nay, some of them actually have a tendency to promote this excretion; and may, therefore, be additionally serviceable in relieving the inflammatory or congested condition of the lungs.

If the criticism which has now been attempted be just, it necessarily follows that the denunciation of purgatives in pneumonic inflammation is founded in error, and calculated to deprive the practitioner of one of the most powerful means within his reach, of wholly subduing this affection. Expectoration, it will have been seen, may with advantage be wholly prevented, and can only be desirable when early depletion and evacuation have been omitted or neglected. In this case, and when this process has been already established, then indeed the use of active cathartics would not only be superfluous as to the cure of the disease, but likely to prove injurous, especially where debility rests, or the complaint has been a protracted one. X.

II.

Queries in relation to the New-York Hospital.

We cannot insert the following pertinent queries in relation to the affairs of the New-York Hospital, without expressing our sincere thanks to the learned correspondent by whom they have been communicated. His approbation of the course which has been pursued in this Journal, is no less grateful to our feelings than his aid and support will be found valuable to the great cause in which we are engaged. We are aware, that the object we have in view is by some misunderstood, and by others misrepresented; and that our success is by many, who are well inclined, deemed at best problematical. Ignorance, cavils, and misgivings, shall, however, never daunt us, or warp us from the path of duty we have marked out for ourselves. In the laudable object of IMPROVING THE CONDITION OF THE MEDICAL PROFESSION in this State and at large, we feel convinced that we shall sooner or later meet with support from the united voice of the most enlightened and respectable portion of our brethren, and under their sanction we may fearlessly encounter the sneers of envy, the apathy of indifference, the menaces of power, or "the insolence of office."

To the Editors of the New-York Monthly Chronicle, &c.

"GENTLEMEN,

"Sincerely believing that your labours are dictated by the most honourable views, and are calculated to promote the usefulness of our professional institutions, I am happy to offer some additional suggestions in relation to the abuses existing in the institution to which you have in your last two numbers directed your attention. I may observe, by the way, that you have entirely got the better of Clitus in the ill-judged controversy commenced by that writer. Indeed, it is impossible to defend the management which has so long been pur-

sued in the New-York Hospital. That institution is acknowledged by a large majority of our medical brethren to be a perfectly rotten one; and it would exceed both my time and inclination to expose all its deformities. A few I shall attempt, and in the form of queries.

1. Why are not the seven ministers and rectors of the city, who are designated for that purpose by the charter and the corporation too, invited at the annual election for governors which takes place in May?

2. Why are not the ten thousand dollars which have been expressly apportioned by the Legislature of the State, employed in promoting the progressive increase of patients?

3. Why is an enormously expensive building left unemployed and unoccupied since the completion of the new asylum?

4. By what fatality has it happened that a single family has long been in possession of the treasurership of this charity?

5. Why is there not more attention paid to the concerns of the library—and how happens it that books are so often LOST; French books more especially kept from use; and that splendid and extensive works on botany, and the other branches of natural history, which have been purchased at a great expense, can never be *seen* by the medical student?

6. Why is it, that, against the spirit as well as the letter of the law, and against the obligatory rules of practice among physicians and surgeons, the two departments of physic and surgery are absolutely divided in the hospital, and consultations of the latter held without the concurrence of the former?

7. By what charm or other magic power is a surgeon in the hospital rendered all-sufficient for practical purposes, and a physician divested of all his science and experience in a surgical ward?

8. Why are not eminent physicians invited, as they were formerly, to attend important consultations upon extraordinary or difficult occasions? Or how long is it since all the talent and information diffused among several hundred physicians has been concentrated in a number of individuals not exceeding ten?

9. Do not these, and many other grievous circumstances call for prompt and decisive measures from the Legislature of the State?

10. Have not the people, by their liberal endowments to this institution, sufficiently redeemed the privilege they conferred on the royal charter, and ought not they to be put in possession of it?

11. Is not this charity virtually belonging to them, to their children, and to the strangers which sojourn in their land?

12. Was it not to vindicate the sacred rights of property belonging to individuals, that the royal charter and royal grants were ordered by the Constitution to be respected; and,

13. Did it, or could it intend by this indulgent exception to debar the very citizens who framed it from the benefits of this public charity?

14. In a free and republican community, are not the people, or their *own* constituted delegates, the best judges of the public weal, the best administrators of the public property, and the best rulers of their own institutions?

15. Are the people aware that a community of nearly one hundred and fifty thousand individuals have not as yet a *hotel-dieu*, but only an alms-house which they can call their own; a feature in their history by no means honourable to the character of an enlightened city, which claims to be the emporium of the Americas?

16. Can any thing short of the abolition of the royal charter effect any change in an institution, the rulers of which are beyond the control of the public, and alike deaf to the remonstrances of reproof, and the advice and calls of humanity and knowledge?

At my first leisure, Gentlemen, I shall communicate some further ideas on the subsequent portions of your last number.

Very respectfully, yours, &c."

REVIEW.

Elements of the Etiology and Philosophy of Epidemics. In two Parts. By JOSEPH MATHER SMITH, M. D. Fellow of the College of Physicians and Surgeons of the University of the State of New-York, &c. New-York, 8vo. pp. 223, 1824.

In the wide range of medical discussion, it would not be easy to find a subject, the investigation of which promises to be more interesting, or more fraught with important benefits to all classes of men, and which at the same time is more difficult, or less likely to end in satisfactory results than the philosophy of Epidemics. From the days of Hippocrates down to our own, this impressive subject has never failed to attract the most profound attention, and to elicit the most ingenious speculation, not of physicians only, but of the most enlightened and learned philosopliers. And yet if we compare the amount of knowledge which has been obtained with the extent of labour which has been bestowed, we shall have little cause to exult, or even to hope for a speedy uplifting of the veil which has so long obscured the origin and the progress of epidemic diseases. It does indeed appear to us that when the father of medicine invested the unknown power, which causes and diffuses the " pestilence which walketh at noonday" with a divine, or in other words, an intangible, inappreciable, and to us an all-powerful attribute, he attained the ultimate solution to which even the inductive philosophy of Dr. Smith can never hope to reach. What is his epidemic meteoration, as he himself half acknowledges, (vide page 116) other than the το θειον of Hippocrates? We do not mean by this observation to derogate from the merits of Dr. Smith's work. It is, in our opinion, a highly ingenious attempt to classify the remote causes of epidemic diseases, to which, although we cannot award the palm of success, we cheerfully accord the tribute of our praise, both as it displays extensive research, and

as it is an honourable specimen of American medical literature.

The commencement of Dr. Smith's introduction, will make our readers acquainted with the object he has in view.

> "The nature and character of diseases are, for the most part, determined by the remote causes which produce them. Hence the importance of investigating those causes, and the propriety of arranging them according to their natural affinities. We generalise those things which minister to the preservation and restoration of health, as the nutrimenta and materia medica; and why may not morbific agents be also reduced to systematic order?"—Page 17.

On this initiatory paragraph we must be permitted to offer a few observations. A systematic arrangement of the objects which are presented to the contemplation of the scientific inquirer is one of the most desirable achievements of the human intellect. It is also the most conclusive test of the extent and accuracy of its acquisitions in knowledge. In order to attain this, however, it is highly necessary, in the first place, that the objects to be classified, be well understood and defined; and in the second place, that they be not transient in their nature or arbitrary in their formation, but permanent and fixed. The want of these attributes in diseases, it is well known, has been an insuperable objection to the adoption of nosologies, and surely their total absence in the remote causes of diseases is far more urgent against any attempt at classification of these inappreciable and ever fleeting agents. Nor is the analogy adduced by Dr. Smith a correct one. The substances which serve as our nutriment and supply our materia medica, are the proper objects of classification, because they are endowed with permanent and sensible properties, and hence no one will deny the propriety of the arrangements adopted by the naturalist to distinguish them. But are the remote causes of disease of the same nature? Do they present the same distinguishing features, are they constant in their operation, and can the phenomena attendant on them be reduced to any fixed rules? Contagion, which is perhaps the strongest instance that could be adduced against our argument, is it uniform in its action, or

are its laws indisputable? Does it not vary in its effects, and frequently after presenting for a time a series of similar phenomena, which flatter the medical philosopher with the hope of a complete analysis, does it not suddenly change its mode of operation, and elude his grasp as though it were an entire new being? If any proof be wanting of the accuracy of this statement, look at vaccination, and observe, how after having promised for twenty years and upwards to prove a never-failing prophylatic against the variolous contagion, it has been compelled to yield to a new and unexpected attack of the foe it has so long held in subjection. To continue the argument would exceed our limits. In the course of our review we shall give particular illustrations in relation to the view we have taken.

Our author is, we are happy to perceive, a non-contagionist. The following extract presents a curious picture of the inconsistencies and ignorance of the older physicians, upon whose authority so much stress is laid by the contagionists in favour of their doctrine.

"If the older physicians were able to detect a contagious attribute in fever, is it not remarkable, that they were incapable of discovering the distinct and communicable nature of small-pox, chicken-pox, measles, and scarlet fever? and is it not equally remarkable, that the same inductive mode of reasoning, which finally determined the causes and pathology of these diseases, should have led to doubts, and even to a positive denial, of the communicability of fevers? These facts strongly confirm the opinion that the doctrine of febrile contagion was originally founded on loose and unphilosophical data. Is it probable, that at the time when the sciences were receiving large accessions of truth, and when the mode of reasoning, by which those accessions were made, was applied to this subject, that then, physicians of unquestionable talents and integrity, would have assailed a doctrine which had received universal approbation, had they not discovered, by a careful examination of facts, that it was founded in error? The accurate and extensive observations of the present day are in perfect accordance with their conclusions; and, if future inquiries be conducted in the manner which of late years has been so successfully pursued, we cannot doubt, that before the lapse of the present century, the dogma which asserts the specific contagiousness of yellow fever, plague, dysentery, typhus, and other fevers, will be forgotten, or only remembered as an error of the schools."—Pages 21, 22.

After a short review of the labours of our countrymen, more especially on the subject of contagion, Dr. Smith proceeds to state, that the poison of yellow fever, like the exhalations which produce intermittent and remittent fevers, springs originally from the soil. Before this fever can become contagious, therefore, the body which is affected by it must actually regenerate the poison. To this, however, our author justly contends, that the system is no more adequate than it is to the reproduction and exhalation of any mineral poison introduced into the system, and sufficient to destroy life.

Dr. Smith next inquires whether patients, suffering under yellow fever, may be approached with impunity? In the majority of instances we may confidently assert, that no danger whatever is to be apprehended from a close approach to the sick, even in the foulest, most confined, and ill ventilated apartments. There are cases, however, where several persons are crowded together, sick with this, and we may add any other disease, in which a peculiar excretion of vitiated human effluvia takes place, which may produce disease in all those who are subjected to its influence. This will particularly happen where personal cleanliness is neglected, and the disease has been allowed to run on to a late stage. The virus, thus generated, is very different, however, from contagion. It does not produce the identical disease with that of those who are already affected, but, in general, typhus fever; and this whether the sick be suffering under plague, yellow or bilious fevers. One exception *seems* to arise to this rule; but it is unfounded. Typhus may be produced by exposure to the cause which we are noticing in cases where the disease prevailing may be typhus itself. Even in this case, however, contagion has nothing to do with the communication of the disease. Our author explains this in a manner entirely satisfactory:

"This error, respecting the contagious quality of typhus, is at once corrected by distinguishing secreted poisons, from effluvia generated by foul excretions. Persons in good health, when long confined in close apartments, will produce a miasm of the same qualities, as that which frequently surrounds the bodies of those labouring under fever. The former has been

considered as the primary cause of typhus, and the latter a specific contagion, merely because the first originates from persons in health, and the second from bodies diseased. But there is in fact no material difference between them, as is obvious by their producing similar effects. Healthy excretions are *cæteris paribus*, longer in undergoing the changes which result in the production of the typhus poison than those which are thrown out in putrid diseases. The excreta, in the second stage of typhus and some other fevers are generally in a vitiated or putrescent state at the moment of their elimination; and consequently they so rapidly become pestiferous in a confined situation as to give plausibility to the idea of a specific contagion."—Pages 31, 32.

The first order in the author's arrangement of the remote causes of febrile disease, is contagion. In classifying the diseases produced and propagated by this principle or cause, Dr. Smith adopts the two first genera proposed by Dr. Hosack in his well-known letter to Dr. Chisholm. Under the first genus are included those diseases which are communicated by contact exclusively; under the second, those which are communicated by contact, and likewise through the medium of the atmosphere. The third class of Dr. H., including those diseases which are communicated through an impure atmosphere only, is altogether rejected by our author, and, we think, very correctly.

The second order, is infection. This is defined to be a febrific agent, produced by the decomposition of animal and vegetable substances, existing usually in the state of a gas or miasm, and infesting filthy houses, ships, marshes, &c.

It is often objected by the contagionists, that if yellow and other fevers were produced by infection, as it has been now defined, they would more frequently occur where there are offensive collections of putrifying substances. On this objection our author observes.

"But this reasoning is by no means satisfactory. It should be recollected that the qualities of the effluvia exhaled from putrescent substances may be diversified by a variety of circumstances; and particularly by the kind of materials undergoing corruption, their proportions, state of mixture, and degrees of temperature and moisture. The secret influences of the atmosphere too, especially those which favour the prevalence of pestilen-

tial epidemics, may be supposed to have an agency in varying the properties of miasmata." Pages 43, 44.

We may add, that it is no longer contended by those most conversant with the history of yellow fever, that filth is necessary to the production of that disease. It frequently occurs and spreads in situations where no filth is at all perceptible.

Dr. Smith reduces infection into genera and species. His two first genera, are the species adopted by Dr. Edward Miller, the koino miasma and the idio miasma. This suggestion of Dr. Miller is justly considered the most valuable improvement ever made in the philosophy of epidemics. To these two genera our author adds a third, which is a compound of both. This he denominates idio-koino miasma. On the two first genera we do not think it necessary to offer any remarks. With respect to the third, we have some doubts as to the propriety of constituting it a distinct genus. Dr. Smith admits, that it is impossible to decide whether, in this combination, the miasms are in a state of mixture or chemically combined. Now we do not see any satisfactory reason for admitting that they are either. The miasms constituting the two first genera may act simultaneously on the same individual, and produce the combined effects of both, and yet be widely separate, or, in other words, not at all combined as a *tertium quid*.

The mere circumstance of the simultaneous occurrence of certain effects, does not seem to us to warrant the inference assumed by Dr. S., that the causes too were so intimately combined as to constitute a distinct agent, the compound product of both. And here is an instance of the fallacy of instituting a philosophical classification of agents, with the very modes of being of which we are totally unacquainted.

Notwithstanding this exception, we have been highly interested in the perusal of the remarks relative to this genus of diseases. Under this head, is classed Bancker-street fever of 1820, which proved such a bitter source of contention in this city, and created an almost unexampled distraction and divi-

sion in our medical ranks. By some, the famous committee of *seven* for instance, the disease was decidedly pronounced to be yellow fever; by others, it was with as much vehemence pronounced to be typhus; while a third party, of the existence of which Dr. S. does not seem to have been aware, pronounced it a bilious remittent fever, attended with typhous symptoms. To this last Dr. Smith belongs, and, we believe, a large majority of the profession, not excepting many of those who formerly were ranged in the two first divisions. The fever which appeared among the blacks in Philadelphia in 1820, is also very properly referred to this same class of compound fever. The Morbus Hungaricus of Pringle, and the pestilence of Athens, recorded by Thucydides, are also ranged here, with some very interesting remarks on their peculiar nature and causes.

In some additional observations on the foregoing genera, Dr. Smith makes mention of dysentery. This disease he considers to be, in general, vicarious of certain kinds of fever, depending upon a peculiar predisposition of the system, and arising from the same efficient causes which give birth to intermittent and remittent fevers.

Rejecting contagion altogether as a source of dysentery, Dr. Smith believes, that it may be produced by all the three miasms which have been already enumerated, being no other than the fever produced by these causes turned in upon the bowels—the febris introversa of Sydenham. He admits, however, that it may occur epidemically, from some secret epidemic state of the atmosphere, concurring with other ordinary causes of disease, as vicissitudes of the weather, improper diet, and in this case infectious miasm may be altogether out of the question. Here is another difficulty in the way of our author's system of generalising remote causes, depending upon circumstances altogether beyond our cognizance.

Species of Infection. Our author makes each of his genera comprise two species: the first, or the mild form to which he prefixes the ordinal number πρῶτος; the second, or the malignant, distinguished by the particle *per*—thus following the example of the chemists in their distinction of the oxides.

Genus 1. *Species* 1. *Proto-koino Miasma.* This species includes those exhalations of the soil which have been hitherto known under the appellation of marsh miasmata; and which produce intermittent and remittent fevers, hepatic and intestinal derangements. We must pass over the history of this miasm, which is sufficiently well known, and go on to observe, that in the course of his remarks Dr. Smith positively denies, that yellow fever is the same with the fevers produced by this species of miasm, or even that it differs from them in grade only. They have been supposed to be identical, because the bilious fevers are occasionally accompanied with black vomit and yellowness of the eyes and skin; and in the West Indies, he conceives, there is probably much difficulty in distinguishing the worst case of *malignant* bilious fever from genuine yellow fever. He considers them, however, as *specifically different.*

"If a majority of these cases manifest the signs of bilious remittent fever, they should be regarded as distinct from yellow fever, notwithstanding the malignity of some of them; and on the other hand, if in the greater number, the characteristics of yellow fever clearly and unequivocally appear, they should be considered specifically different from *proto-koino miasmal* fevers."—Page 76.

Species 2. *Perkoino Miasma.* This embraces the poisons of yellow fever and plague. It will be perceived by a reference to the author's definition of his specific differences, that the first species, or the proto-koino, includes the mild, and the second, or perkoino, the malignant form of the poison distinguished by the generic appellation of koino miasma. The causes, then, differ in degree only. We have just seen, however, in considering the first species of this genus, that our author denies that the effects differ in degree only; he says, they are *specifically* different. Is there not a palpable contradiction here? If two species of causes differ in degree only, and the effects of these causes differ *specifically*, what then do these last more than differ in degree likewise? The very distribution of the distinctive prefixes, carries the idea that the two poisons differ merely in the degree of intensity; and of the incorrect-

ness of this view Dr. Smith is equally aware with ourselves. And, therefore, entertaining this opinion of their essential difference, he should either have made distinct genera of these two poisons, or made a more essential difference between his species.

We are surprised that our author should not have enumerated more grounds of distinction between the causes of bilious and of yellow fever. He says the latter is distinguished from the former by its more virulent and pestilential qualities, and by its occurring for the most part in cities. To this we have some objection, both as being not altogether correct and perspicuous, and secondly as being very imperfect. In the first place, it is familiar to all, that bilious fever is frequently as malignant and fatal as yellow fever; and therefore mere violence of effect is not sufficient ground for a philosophical distinction between their causes. The two causes differ, because they produce entirely different effects; the diseases they respectively produce being essentially different in their history, appearance, seat, progress, and method of treatment. Yellow fever is not confined to cities. It belongs to *maritime* situations generally, and never occurs in cities remote from a sea atmosphere. This fact is pretty well established, and there is therefore no reason to apprehend, with our author, that our cities in the interior will at some future day be subject to this fever. In the tropics even, the yellow fever is never known in the interior, but always confines its ravages to the sea-shore, whether a populous city exist there or not. It will even arise at sea, when neither a crowded population nor masses of public filth can be apprehended. As we shall soon have an opportunity of recurring to this subject, we shall not enforce any more arguments at present.

Our author, as might have been expected, is a supporter of the domestic origin of this fever. Unpopular as this theory appears to the mass of people generally, its truth must sooner or later be made to appear, in a manner that must silence all attempts at contradiction, however specious or well directed ad captandum. The following are the facts adduced as proofs of this theory:

1. Yellow fever appears in the first instance among those who have had no communication with imported infection.

2. It prevails as an epidemic in the warm seasons of the year only, and ending with the appearance of frost. It is never propagated by the sick when removed out of the infected district, whether to the country, to a neighbouring city, or even the uninfected parts (however filthy) of the same city.

3. The entire desertion of an infected district does not stay the extension of the poison, nor diminish the danger of visiting the district so infected.

Dr. Smith does not deny, however, that the poison may be imported in the hold of a ship; in other words, that an infected district may be created in such a situation, and become thus transferable from a warm to a temperate climate. In this case, the disease will not prevail as an epidemic, but be confined and limited within its original sphere of action.

We regret that our limits compel us to stop short here with the review of this interesting work. We shall, on an early occasion, continue our remarks, and in the meantime beg to express the hope, that the very excellent author will not misinterpret the tenor of our criticism, nor the spirit of candour and friendly impartiality with which it has been submitted. The subjects of which he treats are theoretical and important, and obnoxious to great discrepancy of opinion and variety of argumentation; and we sincerely believe that to an ingenuous mind like his, anxious to elicit truth, scrutiny will be always desirable, and discussion always grateful.

NECROLOGY.

At the approaching close of the year, we do not know of a task more grateful than to record on our pages the merit of departed worth, which, during the lapse of the last twelve months, has been removed from our sphere by the wise dispensation of a just and over-ruling Providence. With the subjects of both the following notices we were personally acquainted, and can therefore add our mournful testimony to the unexaggerated praise of their respective biographers. If not

to have lived altogether in vain—if to have contributed to the general weal by intellectual and bodily exertions of no ordinary extent, entitle them to the affectionate and grateful remembrance of their survivors, and to an honourable distinction in the annals of our professional history, then will they not have failed to secure these just tributes to their extensive usefulness, their acknowledged talents, and their proverbial worth.

Extract from an obituary notice of William Moore, M. D. of New-York, who died on the 2d day of April, 1824, in the 71st year of his age.

"Few persons have passed through life, and enjoyed a larger share of moral and professional reputation, and fewer still who have taken less pains to create or maintain them: he seemed to be alike unconscious of his intellectual acquirement, and his moral excellence; the knowledge of one was repressed by the moderate estimate which he had formed of himself, and the other was the spontaneous result of a naturally benevolent temper, always acting under the influence of recognised *Christian* obligation; and when such men do wrong, "verily their advocate is in heaven!"—Some idea of the estimate which the public formed of his worth, may be gathered from the fact, that he has been frequently called to occupy responsible offices, from which he has as often retired, but was never removed. He was, as far back as the year 1787, associated with a number of physicians for the purpose of giving clinical instruction in the alms-house, to the medical students of this city. He was successively Trustee of Columbia College, President of the Medical Society of this city, and Trustee of the College of Physicians and Surgeons in the University of this state. In all the relations in which he stood to society, (and we are sure we do not speak the language of panegyric) his character was a model for the imitation of all those who have yet to lay the foundations either of a medical or moral reputation: intelligent, amiable, and ingenuous, he endeared himself alike to the learned and the ignorant; cheerful, humane, and conscientious, he could sympathise with the sick, while he would leave nothing undone for their amendment; and modest, benevolent, and charitable, he believed no ill of his neighbour, without the most unequivocal evidence, and then always with regret. Our sincere wish is, that those of us who *knew* his worth, would strive to emulate his virtues."—*New-York Med. Repos.*

Extract from a Biographical Notice of the late James Kent Platt, M. D. Professor of the Institutes of Surgery in the University of Vermont.

We have not room for the details of the earlier part of Dr. Platt's life. As early as the days of his pupilage, "he distin-

guished himself by his assiduity in the acquisition of knowledge, while his talents and manly virtues commanded the universal respect and affection of his associates." After visiting Europe, he settled in New-York, from which place ill health soon drove him to the West Indies, whence he returned without having experienced much benefit.

"In 1823, he received the honourable appointment of Professor of the Institutes of Surgery in the University of Vermont. It may easily be imagined that, situated as Dr. Platt was, with his constitution daily wasting away under a fatal disease, the undertaking of an enterprise like this must necessarily have been attended with extreme hazard. He was not, however, to be deterred by such considerations from entering the lists of honourable competition. He accordingly accepted the appointment which had been proffered to him, and in the winter of 1823–4 delivered a course of lectures on surgery, which is spoken of in terms of the highest commendation. The effort, however, was too great, and he had scarcely finished his course, when the pulmonary disease with which he had so long struggled, developed itself with fatal rapidity, and in a few weeks terminated his earthly career.

"Such is a brief sketch of the life of one, who, if he had been spared to maturer years would, without doubt, have become a distinguished ornament of the profession to which he belonged. As it is, it is consolatory to reflect that he has left behind him a bright example of early talent and virtue, which it is to be wished may not prove altogether unavailing.

"In his manners he was simple, unaffected, and manly. His conduct was uniformly governed by principles of nice honour and strict integrity. As a friend, he was sincere, disinterested, and generous. His heart was the seat of every honourable principle and ennobling sentiment, and what is of still greater importance, his whole life evinced that he was under the constant influence of religious responsibility. There are few perhaps who have left this world at so early an age whose worth was more generally confessed, and whose character was more universally admired by all who knew him.

"Besides several anonymous productions on medical subjects, characterized by much acuteness of intelect, Dr. Platt published two interesting papers—the one "A Case of Hydrops Articuli occurring in the shoulder," the other "A Case of Epistaxis successfully treated by Immersion, communicated in a letter to Dr. John B. Beck, of New-York." The former of these appeared in the American Medical Recorder, Vol. IV. and the latter in the Philadelphia Journal of the Medical and Physical Sciences, Vol. II. —(*N. Y. Medical and Physical Journal.*) "J. B. B."

CORRESPONDENCE.

We owe an apology to Dr. Pascalis, for having unguardedly been led to an erroneous exposition of his views in relation to the sulphate of quinine as a remedy in intermittent fever. Dr. Pascalis is evidently aware of the efficacy of this tonic, and of the many important uses to which it has already been applied. He merely meant to denounce the idea that this medicine was a *specific*, an idea which has become shamefully prevalent, and which is no less repugnant to reason, than it is fraught with danger to the lives of patients. In cheerfully tendering this apology, we most sincerely hope that Dr. Pascalis will not for a moment suppose that we could entertain any doubt of his professional acquirements or usefulness.

SELECTIONS.

On Malformation of the External Ear. By M. Bernard.—Alexander Trippet, aged eight years, was admitted into the *Hôpital des Enfans* in the course of the month of September, 1822, labouring under a slight derangement of the stomach. A few days after his admission, a deep, infundibuliform cavity, the bottom of which was situated inwards and forwards, and through which the boy heard, whether the natural opening was closed or not, was observed behind the auricle of each ear and before the mastoid process: a probe introduced into this cavity passed to the depth of several lines.

The auricle had experienced no alteration, except that the opening of the meatus externus was thrown forwards, and was narrower than usual The meatus was free, but its bottom was not visible. The hearing was dull, and the boy answered only in monosyllables. He was on the point of being discharged, when he was attacked with a malignant sore throat, which carried him off in a few days. The following appearances were observed on a careful examination of the two ears: the adventitious opening, which was wholly concealed by the auricle, terminated at the bottom of the meatus externus; the cartilage of which was wanting at this part, as will be hereafter described.

There were neither membrana tympani nor the small bones of the ear; a very thin mucous membrane lined the cavity of the tympanum and the two canals, which became anteriorly confounded with the skin: the length of the accidental canal was about four or five lines; that of the right side

was closed by some thick crusts, which could not be extracted during life. The meatus externus, which was slightly contracted, was five or six lines long: it was curved forwards: the posterior part of the cartilage, interrupted by the inner orifice of the adventitious canal, was attached in one part to the base of the zygomatic process, and on the other to the mastoid. This latter eminence was excavated at its base, to form the posterior paries of the adventitious canal: the mastoid cells were only covered by a very thin layer of a compact substance.

At the bottom of the meatus externus, the internal paries of the cavity of the tympanum and the openings communicating with the labyrinth were perceptible.

In several parts the temporal bone was extremely thin; the petrous portion was, however, in no respect altered.—*Lond. Med. Repos.*

Hydrocephalus Internus.—In the last Number of the Edinburgh Medical Journal there is a short, but in our minds, an important communication on the subject of hydrocephalus *internus*, or as we would term it, hydrocephalus *acutus*, from the pen of Dr. Maxwell, of Dumfries. Previously to our author's entrance on public practice, he saw about twenty-five cases of this disease, all terminating fatally. He naturally concluded, therefore, that the *methodus medendi* was inefficient, and that some new or more active mode of treatment must be resorted to, if success were to be looked for. In many of these fatal cases the little patients had been bled with leeches and from the arm—purged, &c. It was therefore determined to abstract blood in a more bold and decided manner than had yet been tried. Of about ninety cases treated in the manner to be described, sixty recovered—a proportion greater certainly than is usually observed in ordinary practice.

Dr. Maxwell has selected only two cases out of nearly ninety, in order not only to show that the disease was really hydrocephalus acutus, as far as symptoms can prove, but also to illustrate the mode of practice pursued. One of these two cases will be sufficient for our purpose.

"Master J., æt. 7, a healthy boy, became dull and indisposed to his usual exercise, complaining of headache, which, with much languor, increased during six or eight days. The bowels were frequently moved by purgatives. At this period pain in the head became more distressing, and the bowels were difficultly moved. The boy showed no inclination to leave the house;—he rested frequently his head in his hands upon a table, or in a kneeling posture on a chair; the muscular power of his limbs began to fail; the pulse became rapid; pain of the head excessive, with occasional remissions, and during these, constant drowsiness came on. Still, however, there was a considerable disposition to take food, although it was passed half digested. The mind now became indistinct, with inability to articulate; vision was imperfect; the evacuations took place without his attention:

squinting next appeared; pulse 160—frequent expressions of pain in the head; muscles in the neck became supple, the head rolling upon the breast and shoulders, with immobility of the pupils and total want of expression in the eyes; the face pale and inanimate. Mr. J., his father, a medical gentleman, requested that I would take the sole direction of the case, observing, that he was well aware that extreme bleeding was the only means by which the child could be recovered; desiring that it might be carried to whatever extent it might be thought necessary; and that, if the child should sink under such active treatment, he would still retain a warm sense of gratitude for the painful task which he had imposed on me. The time was fixed for the operation, and, with the father's consent, I invited my medical friends, Dr. G., Mr. S., Mr. M., and Mr. St., to be present. The father, after providing every thing necessary, withdrew to a remote part of the house, waiting, with the anxiety of an affectionate parent, the fate of an only son.

"The boy was laid on a mattress, his head somewhat lower than the rest of the person, medical gentlemen holding each wrist; the jugular vein on the right side was opened: it bled rapidly—the stream was frequently interrupted to prevent fainting. The bleeding was continued till syncope began to take place: a little negus was then given; when the pulse revived, the finger was removed from the orifice, and the blood allowed to flow till the gentlemen agreed that the pulse could no longer be felt. The patient at this time had no appearance of life, and continued without the least symptom of animation for ten minutes, when he began to revive gradually; and in the evening more favourable symptoms appeared. His mind was remarkably improved, as well as his physical powers, being now able to articulate, although indistinctly, and to tell the hour on a watch. He had a tolerable night's rest, having taken frequently a little water-gruel and beef-tea. During the following day there was but little improvement. On the third day the bleeding was repeated in the left jugular vein, and a complete recovery followed."

We think this document is highly deserving the attention of our brethren. Before water is actually effused—at least to any extent—bleeding must be the paramount measure, whether in young or in old.—(*Johnson's Med. Chir. Quar. Review.*)

Case of Effusion of Blood in the Pericardium. By Dr. Del Chiappa.—The subject of this case was a cook, robust, twenty-six years of age, and plethoric. He complained of difficult, stertorous, short, and wheezing respiration; pulse unequal; pain behind the sternum and towards the shoulders; dry cough and bloody sputum. The disorder was first viewed as bronchitis, and afterwards as disease of the heart.

On Dissection, a very considerable accumulation of blood was found in the pericardium. After a careful examination, "some of the *vasa vasorum*

were found to have opened externally, and consequently to have furnished the extravasated blood.—*Lon. Med. Repos.*

On rupture of the Heart. By A. L. J. Bayle.—From the dissection of a case which fell under his care, and an accurate examination of those recorded by Morgagni, Bohnius, Bonet, Senac, Morand, Ferrus, Bland, Rostan, Andral, and others, M. Bayle has drawn the following conclusions:—

1. That of nineteen cases of rupture of the heart, fourteen occupied the left ventricle, and principally its anterior surface near the apex; three the right ventricle; one the apex; and another the inter-ventricular septum.

2. That in the majority of cases the heart was remarkably soft, and in some cases of a brownish colour around the perforation.

3. That of ten patients affected with rupture of the heart, one was between 50 and 60 years of age, another between 60 and 70, six between 70 and 80, and two between 80 and 90.

4. That of the same number of patients, eight died instantly, one at the expiration of about two hours, and another at the end of fourteen.—*Ibid.*

On the Causes of Abortion and on the Means of Prevention. By M. Ant. Duges.—After an interesting inquiry on this subject, M. Dugés recapitulates as follows:—

1. That abortion is commonly the consequence of a universal *molimen*, with determination of blood towards the uterus.

2. That this *molimen* does not act in directly exciting the contractions of the uterus, but in giving it the contractility of which it is wanting.

3. That in abortion occasioned by violence done to the uterus, or by the evacuation of the waters, a sort of inflammation is required to produce the same effects as the *molimen* produces in spontaneous abortion.

4. That abortion differs especially, physiologically speaking, from accouchement at the full period, inasmuch as, in the latter case, the uterus enjoys a sufficient degree of contractility: as it has no need of aid, and as *molimen* or febrile disposition only diminishes its efforts.

5. That the means adopted for arresting the *molimen* are the most proper for preventing abortion, and that bleeding holds the first rank amongst them.

6. Finally, that from the utility of bleeding for facilitating accouchement at the full period, one cannot argue against its efficacy for the prevention of abortion; the circumstances being not only different, but even wholly opposite.—*Ibid.*

Of the Efficacy of the Root of the Artemisia Vulgaris (Mug-wort) in Epilepsy. By Professor C. G. Hufeland.—Dr. Burdach, of Wiebal, near

Sorau, having been in the habit of employing the root of this plant in epilepsy, Professor Hufeland was induced to try its effects.

Dr. Burdach recommends the root to be gathered about the middle of October, to be dried in the shade without washing, and not to be powdered until shortly before its exhibition. It should be taken in powder, within half an hour of the expected accession of the paroxysm, when the paroxysm can be foreseen, in the dose of a coffee-spoonful (from 50 to 70 grains) in a little warm beer: the patient ought to be placed in bed, well covered, and to drink warm beer. Copious perspiration is the result, which having subsided, the patient may leave his bed.

Dr. Burdach asserts that the first dose generally procures some relief, and sometimes performs a complete cure. He advises the dose of this medicine to be repeated on alternate days.

Professor Hufeland prescribed this remedy in ten cases of epilepsy in the "Polyclinical Institution of Berlin." Of these, three were perfectly cured, three obtained relief, the paroxysms becoming less frequent, and much less severe; and four derived no advantage from its use. These experiments deserve to be repeated in this country; for, according to the observations of Hufeland and Burdach, this substance seems to possess more efficacy in the disease than *a priori* reasoning would lead us to expect from any single remedy, especially when we connect the pathology of the disorder with the means of remedying it.—*Ibid.*

Case in which Asphyxia was produced by the development of a Tumour in the Larynx. By G. Ferrus, Physician to Salpêtrière.—A female, aged forty, was admitted into the *Salpêtrière*, in June 1820, after an attempt to commit suicide: but during her stay in the hospital, she evinced no sign of mental alienation. She had been greatly addicted to venereal excesses, and to the abuse of spiritous liquors. Her constitution was robust. Upon her entrance into the hospital, it was remarked that the tone of her voice was feeble and indistinct. This symptom continued to increase for eighteen months, until respiration became extremely difficult, her face injected, and the eyes prominent. About seventeen months from the period of her admission, she began to complain of pain towards the superior opening of the larynx. Respiration had then become very painful and difficult, and cerebral congestion was eminent. General and local blood-letting were employed, but without benefit. Her symptoms, about this time, presented accessions of severity, and assumed the character of the most violent paroxysms of asthma. The pain and difficulty of respiration felt at the larynx, and an obstacle felt there to the entrance of air into the lungs, pointed it out as the seat of the disease; yet no mechanical obstruction from the pressure of tumours, or from other causes, could be detected; whilst an abundant mucous expectoration caused an affection of the bronchiæ, and even of the lungs, to be suspected to form a part, if not the whole

of the aliment. It was, however, decided, from the symptoms referrible to the larynx, that the disease most nearly resembled œdema of the glottis. The intensity of the symptoms increased until asphyxia took place. In this state tracheotomy was performed; but the attempts made to resuscitate the patient did not succeed.

Dissection twenty-four hours after death.—The cavity of the cranium presented nothing remarkable beyond a sanguineous injection of the brain, and the cerebellum of an unusually large size. The vessels of this organ were also considerably injected.

The abdominal viscera were sound. The lungs were healthy, excepting a slight adhesion on the right side, at a part where a small mass of tubercles was developed. The trachea and larynx were removed in order to be examined with accuracy. Having opened the posterior parietes of the trachea along its whole extent, the first object which attracted attention was the occlusion of the glottis by a tumour the size of a large almond. This tumour adhered by a somewhat large base to two fibro-membranous folds, which form the left laryngeal ventricle, and at the angle formed by the thyroid cartilage. Its surface was irregular, tuberculated, and possessing the same consistence as fungous tumours. Its colour was similar to the mucous membrane covering the rest of the larynx. Another tumour of the same nature, but of a very small size, was situated on the opposite side of the larynx: it was inserted a little higher up than the large tumour.

The appearance of these tumours led to the suspicion that a syphilitic affection existed in this individual, an opinion which was strengthened by her character, and which an examination of the genital organs confirmed.

In this case, had tracheotomy been earlier performed, the existence of this tumour might have been ascertained, and its extirpation might have been even accomplished.—*Ibid.*

Symptoms of Phthisis brought on from the presence of a foreign body.—A woman, about fifty years of age, had all the symptoms of phthisis, for which she was treated without success. All at once she brought up a fragment of bone by coughing, which she recollected having swallowed eight months before, when eating soup. She voided a pint and a half of purulent matter in the course of twenty-four hours, and became perfectly restored to health. Dr. S. Luiscius, who relates the case, puts as a query—where was the bone lodged?—*London Medical and Physical Journal.*

Cases of Sudden Parturition.—Mrs. M., a poor woman, aged twenty-seven, being in the habit of assisting her husband in the dredging business, like many other females here (Milford Haven), had spent the whole of this day (Oct. 15, 1823,) labouring on the water, although in the ninth month of pregnancy. On arriving home in the evening, and stepping from the boat to the shore, without any premonitory symptom whatever, she was delivered of a fine boy, which actually fell on the beach. The mother picked it up.

carried it to her cottage, a distance of a quarter of a mile; and neither the babe nor herself sustained any inconvenience.—N. B. The inhabitants of the village where she resides have generally quick labours, and are only one remove from a state of nature in their habits.

Mrs. D., a middle-aged woman, in the ninth month of her pregnancy, having dressed herself for breakfast on the morning of February 17th, 1824, was in the act of coming down stairs, when suddenly a pain took her, she fell on her knees, and was delivered of a female child, before any one could arrive to her assistance. In this case the child was still-born; nor could I by any means animate it, although I persevered more than an hour.—*Ibid*

Wound in the Head.—A very serious accident occurred at the weaving factory at Dalmarnock. A young woman, while in the act of combing her hair, had the end of it caught by a shaft turning furiously round: the whole head was instantly uncovered, and the skin and hairy scalp turned round with the machinery; the skin covering the brows, eye-lids, ears, and cheek bones, was also torn off. Mr. James Smith, surgeon in Brighton, was instantly sent for. In the meantime, Mr. M'Arthur put the scalp and covering of the upper part of the face into a drawer. On the arrival of the surgeon, about twenty minutes after the accident, Mr. Smith replaced the scalp and the other torn portions, and dressed the head. On Wednesday night she was calm, and perhaps better than might have been expected. The head had not been undressed yet; but the edges of the wound on the face, ears, eyes, and neck, have become swollen and slightly inflamed, indicating its adhering or growing together. There is a probability that the whole scalp will adhere.—Between eight and nine years ago, a similar accident occurred to a person of the name of Devon. She, however, had the scalp buried, and remained in the hospital upwards of twelve months. Since that time she has been married, and lives at present at Bridgeton.

MISCELLANIES.

University of Virginia.—In the October number of the London Medical Repository, we observe a notice of the departure of Dr. Dunglison, late joint-editor with Dr. Copland of that journal, for this country, "where," says Dr. Copland, "he has been appointed Professor of the Institutes and Practice of Medicine in the University of Virginia—an university recently endowed by the American Congress, through the influence of Mr. Jefferson, the ex-president of the United States." It is not intended to notice the gross ignorance of our government and literary institutions which this ex-

tract displays, but merely to state that there can be no stronger proof of the occasional thoughtlessness of a great man than this attempt to place imported mediocrity in a situation which should be filled by native talent. We have had enough of these foreign instructors, who palm off the crude notions of second-rate European teachers upon our wondering students, as the splendid productions of original talent, and who write books in round provincial jargon, which the candid English and Scotch reviewers call the *American idiom*, while they look with the most tender commiseration upon the low state of medical science among us, and sneer at our profound ignorance of the English tongue.

Cincinnati Medical College.—Nearly a column of the Cincinnati Emporium is filled by an account of the introductory lectures of the professors, all of which are spoken of in the highest terms. Much spirit and interest seems to exist in Ohio on the subject of the Institution, and its prospect of success and usefulness is at present flattering.—*Boston Med. Intel.*

John W. Webster, M. D. of Boston, has been appointed Lecturer on Chemistry, Mineralogy, and Geology, at Harvard University.—*Ibid.*

New Regulations for granting Degrees in Medicine in the University of Edinburgh.—The changes proposed in the mode of obtaining degrees in Edinburgh, are reducible to the eight following heads :—

1st. The writing of a Thesis is made optional.

2. The period of study is extended from three to four years.

3. The indulgence granted for study in a foreigu University is restricted to one year.

4. Study in London is allowed to count for one year.

5. A six months' course of midwifery is added to the established routine of study, the " curriculum," as it is technically called.

6. A three months' course of chemical instruction is added to the six months previously required.

7. Attendance on an hospital for six months in two separate years, is now proposed; or, in lieu of this, attendance for six months as an hospital clerk, or pupil for nine months at a dispensary, or service in his Majesty's army or navy.

8. The examinations, instead of being altogether in Latin, as heretofore, are modelled after the fashion of the Company of Apothecaries in London; —that is to say, the student is examined, " first as to his proficiency in medical Latin, and in the prescribing of medicines; and afterwards, in English, on the different branches of medical science."

Those of our readers who are acquainted with the old system of graduation in Edinburgh, will find here the traces of a very *radical reform.*—*Lond. Med. and Physical Journal.*

Bill of Mortality for the City and County of New-York, for November.

(From the Inspector's Weekly Report.)

CAUSES OF DEATH.	1st week.	2d week.	3d week.	4th week.	CAUSES OF DEATH.	1st week.	2d week.	3d week.	4th week.
Asthma,	1	0	1	0	Inflammation of the Brain,	2	0	0	0
Apoplexy,	1	3	1	1	Inflammation of the Bowels	6	4	1	0
Burnt,	1	0	1	1	Inflammation of the Liver,	1	1	2	2
Casualty,	0	2	0	0	Inflammation of the Chest,	6	5	8	4
Childbed,	2	1	1	1	Intemperance,	1	2	4	0
Consumption,	16	20	18	16	Influenza,	1	0	1	0
Convulsions,	4	6	3	3	Jaundice,	0	0	0	1
Cancer,	1	0	1	0	Measles,	0	2	0	0
Colic,	1	1	2	0	Marasmus,	6	1	2	5
Diarrhœa,	1	2	1	0	Nervous Disease,	0	0	1	0
Dropsy of the Abdomen,	2	2	3	2	Old Age,	2	5	3	0
Dropsy in the Head,	5	7	5	2	Palsy,	1	1	1	1
Dropsy in the Chest,	3	0	0	1	Quinsy,	1	2	1	1
Drowned,	0	1	1	0	Scrofula,	0	1	1	0
Dysentery,	3	1	2	0	Small Pox,	2	7	2	3
Diabetes,	0	0	1	0	Sore Throat,	2	4	1	0
Epilepsy,	1	0	0	0	Sprue,	0	0	0	2
Fever,	4	0	1	0	Still-born,	3	3	4	6
Fever, Typhus,	0	1	2	2	Suicide,	0	0	0	2
Fever, Remittent,	3	1	0	0	Syphilis,	2	0	0	0
Gravel,	0	0	1	0	Tetanus,	1	0	0	0
Hæmoptisis,	2	0	0	1	Teething,	1	0	0	0
Hæmorrhage,	0	0	1	0	Unknown,	0	2	1	2
Hives or Croup,	4	2	5	3	Worms,	0	1	0	0
Infantile Flux,	1	0	0	0	Whooping Cough,	2	2	2	0

	SEX.				AGES.													
	Men.	Women.	Boys.	Girls.	Under 1 year.	Between 1 & 2	Between 2 & 5	Between 5 & 10	Between 10 & 20	Between 20 & 30	Between 30 & 40	Between 40 & 50	Between 50 & 60	Between 60 & 70	Between 70 & 80	Between 80 & 90	Between 90 & 100	Upwards of 100	TOTAL for the Month.
1st week	25	25	28	18	24	11	6	5	6	10	18	10	6	4	0	2	0	0	96
2d week	41	17	19	16	17	4	9	3	2	21	6	13	7	4	6	0	1	0	93
3d week	35	17	16	18	16	5	6	3	3	10	18	10	8	4	2	1	0	0	86
4th week	23	8	17	14	18	7	5	1	0	5	7	10	5	4	0	0	0	0	62
TOTAL	124	57	80	66	75	27	26	12	5	46	49	43	26	16	8	3	1	0	337

NOTICE TO CORRESPONDENTS.

P. Q. R. has been received and shall be attended to.

Several articles have been deferred for want of room.